



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

OFFICE OF EMERGENCY MEDICAL SERVICES

PO BOX 360

TRENTON, N.J. 08625-0360

www.state.nj.us/health

DONALD T. DIFRANCESCO
Acting Governor

GEORGE T. DIFERDINANDO, JR., MD, MPH
Acting Commissioner

EMS ADVISORY COUNCIL MEETING

MARCH 14, 2001

Dr. James Pruden, chair, called the meeting to order at 10:15AM.

BASIC LIFE SUPPORT REPORT:

Ms. Mary Ann Ferrara reported that May 9th is scheduled as the next meeting of the BLS Committee. Ms. Ferrara will notify all of the agencies, the meeting will be at the Fire Academy in Sayreville, at 7pm. Chief Al Lincks has offered to assist with this committee. Ms. Ferrara will be in touch with Chief Lincks and any other prospective members prior to May 9th. Motion made to accept the report. No discussion. Report accepted.

BYLAWS:

Dr. Jen Waxler reported that everyone should have received a copy of the Bylaws with the changes highlighted in red. Dr. Waxler thanked Ms. Nancy Kelly-Goodstein and Ms. Bonnie Anderson for incorporating the changes into the existing Bylaws. The December meeting will be the annual meeting. Changes were made to the section on page 7 regarding the Executive Committee. The liaisons and committees were clarified. Motion made to accept the report. Discussion – Ms. Susan Way stated that Dr. DiFerdinando has voiced concerns regarding Section V on Page 3. Dr. DiFerdinando suggested that we replace the written reprimand with the term written reminder to the Commissioner, then letting her communicate with the organization.

Mr. Fred Steinkopf suggested that if an organization does not have a representative attend three or more consecutive meetings, perhaps the organization's membership to the EMS Council should be reassessed. Dr. Pruden commented that the communication to the organization should be helpful. If we send an abrasive communication, we might generate ill will. Discussion then moved to the need to have a quorum. Dr. Pruden commented that the commitment of the majority of the EMS Council members is good. Once something has been written into the Bylaws, it becomes very difficult to change, but a procedure can be changed by a motion. Ms. Way stated that the more specific the Bylaws become, the more leeway it removes. Mr. Steinkopf commented on the time limits for calling special meetings. Four weeks notice may be a problem if the issue needs action sooner. Dr. Pruden commented that the Executive Committee could respond (through a conference call etc.) Page 10, Section 6 requires the chairperson to prepare a written report for the members five weeks in advance of the regularly scheduled meeting. Mr. Steinkopf wanted to be sure that if something comes up after the chair submits his report, the EMS Council can still address it. Dr. Pruden stated that items can be added to the agenda, but if we have an official report to review ahead of time, we can then be ready for the meeting. Ms. Ferrara commented that Executive Officers have a term limit. Is there a similar term limit for members serving on the EMS Council? No, there is no term limit for service to the EMS Council. The report was then accepted.

A motion was made to amend the Bylaws as "After two consecutive absences by the EMS Council member of scheduled meetings, the chairperson will send a written reminder to the member as well as to the organization which the person represents. After three consecutive absences by a member or the designated alternate, a letter will be sent from the Commissioner to the member's organization noting that the member is not fulfilling his or her participatory obligation of membership duties. The motion was approved.



NEW JERSEY
Many Faces. One Family.

EMSC ADVISORY COUNCIL

Dr. James Pruden introduced Dr. Ernest Leva as the new Chairperson of the EMSC Advisory Council and welcomed him to the EMS Council. Dr. Leva reported that he is replacing Dr. Frank Briglia. Dr. Leva reported on the EMSC Advisory Council Meeting of January 30, 2001. At that meeting, Ms. Nancy Kelly-Goodstein reported on the emergency department pediatric critical care registry. This registry has been accepted as part of the hospital regulations. The EMSC Advisory Council made several recommendations on the proposed 20/60 minute physician response time rule. When a critical pediatric patient needs the services of an on-call physician; the on-call physician must call within 20 minutes, and be in the hospital within 60 minutes. There will be a discussion between the physician [with the patient] and the on-call physician to determine if the on-call physician needs to be there sooner than 60 minutes. This will go to the Department of Health and Senior Services tomorrow.

The next EMSC Advisory Council Meeting in on May 22, 2001 in Princeton at the Holiday Inn. A motion was made to accept the report. Discussion-the clock starts on the proposed 20/60 rule when the first telephone call is placed to the on-call physician. The proposed 20/60 rule is for the whole hospital, not just the emergency department. The emergency department pediatric critical care registry is now a regulation.

The motion to accept the report was approved.

Dr. Leva represents the New Jersey Chapter of the American Academy of Pediatrics (AAP) on the EMSC Advisory Council. Dr. Leva is the Co-Director of Pediatric Medicine at Robert Wood Johnson Hospital and St. Peters Medical Center, and also has a private practice in Marlboro, NJ.

COMMUNICATIONS COMMITTEE

Mr. Gerard Muench reported that the Communications Committee met last on December 13 and the majority of the meeting was on hospital bypass and divert. The group discussed the use of the advanced life support (ALS) dispatch centers to get a feel for the bypass and divert issue.

The other issue discussed was the New Jersey State Police and their radio system. A special meeting was held on January 31, 2001. Captain Dennis Quinn from the New Jersey State Police, Office of Emergency Management explained this radio system. Emergency Management had a grant for their radio system as a result of our experience with Hurricane Floyd and the poor communications, because the phone lines were out. The new system will keep the trauma and burn center in contact with the advanced life support communication centers in the event of a catastrophe. A motion was made to accept the report. Discussion-Is there a plan to put these radios out to all 92 hospitals, or will it be just for the 10 trauma hospitals? The grant is limited, so maybe all 92 hospitals will be able to take advantage of the radio system in the future. Dr. Pruden asked if there was a possibility that a web site could be used in the case of a catastrophe, so that everyone can see what the need for resources are, along with divert, bypass and bed status? Mr. Muench explained that the funds are limited. The Department is working with State Epidemiologist to try to implement this type of information. Dr. Pruden explained that normally he can call the ALS dispatch center to determine which hospitals are on divert and/or bypass status. This method takes a dispatcher away from their job to answer questions. If there were a web site this would not occur. Mr. Muench commented that he and Ms. Karen Halupke had attended a divert and bypass meeting with representatives from Delaware and Pennsylvania. In Pennsylvania, they are developing a web site where the hospitals are entering their own divert and bypass status. Mr. Steinkopf shared that Texas has a similar system on-line, but the major drawback is that the information was not being updated regularly. Potentially, there are many ways to identify when information hasn't been updated. Dr. Steven Marcus asked if there is a contact person coordinating this? Ms Halupke stated that Dr. John Brook runs the influenza surveillance system right now. Currently, information is collected from nursing homes and schools. There are plans for next year to expand the surveillance, and we should be able to get some data. The reporting end of the surveillance system is very cumbersome, but necessary, because at least we have some idea of what we are dealing with. The next meeting of the multi-state group is April 30th and we are going to ask to see a demonstration of the Pennsylvania system.

Mr. Mickey McCabe asked if Mr. Muench would be giving the quarterly report of the Communications Committee? Mr. Muench then announced that he was leaving OEMS and introduced Ms. Susan Way, Manager of OEMS. Ms. Way will be making the decisions on the reports. Mr. William Duffy also attends the Communications Committee meetings. Discussion continued regarding the need to create a seat on the Council for the Communications Committee. To change the membership would require a modification of the Executive Order. Mr. Marty Hogan stated that the Chairman of the EMS Communications Committee has appointed Mr. Robert Resestar to report to this Council on a regular basis. The EMS Communications Committee predates this Council. Dr. Waxler states that at the last meeting we discussed the need to establish the EMS Communications Committee as a standing committee. Dr. Pruden stated that we would like to have a report from communications. Mr. McCabe asked if there was a way to appoint a member of the Council to the EMS Communications Committee? Dr. Pruden stated that the EMS Communications Committee currently provides a report. Mr. Steinkopf suggested that we need a liaison from the EMS Communication Committee. Ms. Ferrara suggested that we list Mr. Resestar's name on the agenda as proving the EMS Communications Report. Motion to accept the report.

Mr. Resetar agreed to attend the EMS Council meeting to provide the EMS Communications Committee report. Mr. McCabe made a motion that the EMS Communications Committee be added as a member of the EMS Council. Motion accepted. Discussion suggested that by becoming a member of this Council, the EMS Communications Committee would jeopardize their independence. The EMS Communications Committee members present voiced their desire to be part of the Council. An amendment was made to the motion to have the EMS Communications Committee as a liaison. Motion accepted.

EMT TRAINING FUND

The last meeting was December 2000. Eleven of the 12 designated members were in attendance. Guests included Dr. George DiFerdinando and Ms. Susan Way. A new representative, Ms. Ann Marie Williams, was appointed from the NJ State Nurses Association, Dr. Joe Imbesi and Mr. Robert Dinetz proposed Bylaws. The next meeting is March 28 in Sayreville at 4pm and they hope to vote on the Bylaws at that time. It was recommended that reimbursement for basic training be raised from \$325 to \$550. The motion passed with a lot of disagreement from the NJSFAC. The increased fee would be in line with the current \$5 per credit reimbursement for the continuing education programs. The Council also voted to reimburse the organizations that host their meeting. Mr. Muench reported that official letters were mailed to the first aid squads for the automatic external defibrillators (AEDs). That program is taking off and a lot of the squads have received their AED's. The Council approved funding for personal computers for volunteer first aid squads and Internet service. Motion to accept.

LEGISLATIVE COMMITTEE

Mr. Hogan reported that Governor Whitman has conditionally vetoed Assembly Bill 2218. The bill would require an impact statement on all proposed legislation involving volunteer ambulance and fire companies to be viewed by this Council. The Governor vetoed it because she feels that a state agency can determine if there is a significant impact on the volunteer ambulance and fire companies instead of the EMS Council. The bill passed both houses, but now has to go back to the house with this consideration.

Ms. Sue Caputo does all the work behind this committee. If you have any legislative issues, please communicate with either Mr. Hogan or Ms. Caputo. Mr. Hogan will send out the status of related legislation with the minutes. Motion accepted.

Ms. Ferrara stated at our last meeting we took a position as a Council on A.2218. Can the members receiving a copy of the letter that was sent to the Commissioner and the response? Both houses voted to approve this bill, but the Governor has vetoed it. This correspondence would document our position.

Ms. Ferrara suggested that additional members and guidance would be beneficial for the Legislation Committee. Mr. Steinkopf requested that the Communications Committee sends copies of all letters and responses or include them in the minutes. Mr. Steinkopf offered the services of the NJSFAC to track bills having to do with pediatrics, hospitals, prehospital care, etc. Dr. Leva mentioned that most organizations have legislative committees. Ms. Caputo's concern is that she may not be aware of all related legislation. Dr. Pruden requested all letters that go to the commissioner be copied and sent to each member along with every response. It was suggested that the EMS Council create a template letter for legislative issues for use. Mr. Muench offered that his experience with legislation would suggest that our position should be generated quickly and then forwarded to the Commissioner. By meeting quarterly, there is a good deal of time between meetings. Ms. Caputo does a great job on her own, but Mr. Steinkopf requested that if there are committees out there tracking bills, please send the information to Ms. Caputo so she knows there is interest in them. Mr. McCabe stated that every organization knows what is proposed and related to their interest and we should let each organization tract it themselves to decrease the burden on the EMS Council.

Ms. Ferrara stated it would be helpful if every organization give a report on legislation to Ms. Caputo. Ms. Caputo could then review legislation of interest. Mr. Hogan will ask Ms. Caputo to pull the listing of all the bills and work off the lead of the various organizations. Dr. Pruden stated that Ms. Caputo does a tremendous job and perhaps we have not given her enough feed back about what an effective job we feel she has done. Mr. Steinkopf mentioned that everyone should be aware of a bill named HIPPA. The comment period has been reopened. What the bill basically says is that if you pick up a family member's prescription without written consent you have broken the law. This is potentially a problem, but he is hoping such language to be rescinded.

MICU ADVISORY COUNCIL

Dr. Pruden reported that the first training of laryngeal mask airway is scheduled for April. The first course on Rapid Sequence Intubation (RSI) program has been conducted. Additional programs will be within the next several weeks. The adoption of RSI is optimal for each MICU program. However, if a project chooses to use RSI, we will see what the experience has been and the potential for changing the drugs used for sedation will be discussed. Dr. Leva inquired on how you can legislate which drugs to use when you use different drugs for different situations? Dr. Pruden stated that you regulate the drugs that are available to you. The RSI program trains with specific drugs. The committee decided which drugs to train the medics on and then it will be monitored for any problems.

Video base medical command instruction is moving along and may be available as early as May. It is an introductory course. A number of medications and changes to standing orders were discussed at the March 12th meeting. See Dr. Pruden if you need more specific information. Motion approved.

Discussion followed on the addition of Ameodorone, Vasopressin and the cyanide poisoning antidote kit, was approved as optional medications. Bretylium was removed from the mandatory list. Lidocaine was moved to the mandatory list. Revex was approved if Narcan is not available.

Dr. Leva stated there are some discrepancies between the current standing orders and the new American Heart Association recommendations (ie: intubation during neonatal resuscitation). Dr. Leva will prepare recommendations and send them to Dr. Pruden and Dr. Nevin. Report approved.

POISON REPORT

Dr. Marcus reported that within the next six months there would be a campaign across the nation for a new 800-telephone number. The old NJ phone numbers will still be answered along with the new number starting in June. The phone number will be 1-800-222-1222. You can still use 1-800-POISON-1. Motion accepted.

NEW JERSEY STATE FIRST AID COUNCIL

Ms. Ferrara reported they are preparing for the mid-year assembly on May 4th at Toms River North High School. You can contact Mr. Phil Wien for information. The mid-year is being hosted by the 15th district. The Annual convention will be held in the Nevele Hotel on October 18-21. Ms. Kelly-Goodstein has agreed to conduct a session on pediatrics. Please make reservations soon as the hotel is filling up. The NJSFAC was unhappy with the AED grants and hopefully the process can be amended before the computers go out. The NJSFAC is growing with the addition of new members. There are over 1,000 ambulances on the road. These vehicles are inspected at least once every two years. They take pride in raising the bar for the first aid squads, as they are professionals even though they do not get paid. Report accepted.

The volunteer first aid squads are receiving computers for educational and training purposes and not necessarily for communications. Who will be eligible to apply for the computers should be clearly defined. Ms. Sue Way stated that although the EMT Training Fund Council approved the project, there is some difficulty with the Department's fiscal people. We need to develop a legal rationale for the purchase of the computers that is in agreement with the current law and its regulations. Ms. Way is fairly certain that they will be able to make that argument, but until then the letters will not be sent out. Ms. Deborah Murante thanked EMS for Children for the training CDs, but Beachwood does not have the funding available for a computer. Ms. Way commented that distance learning is a common occurrence in today's educational system. It is very hopeful that this issue will be resolved.

OPERATIONS COMMITTEE

On December 6th Mr. McCabe chaired the bypass diversion task force. Mr. McCabe met with the committee and they put handouts together. They met in January and February. They began by being told that all Monmouth County hospitals were closed except one. Gary Carter, President, NJ Hospital Association, sent out letters regarding the divert and bypass on January 11. The 10-year old report, "A Full House," was applicable to the problem. The problem is related to many issues including over crowding, nursing shortages, etc. The committee hopes to educate the hospitals as to the effect that they have on the EMT community when they go on bypass and divert. It affects the patient and the hospital down the road. The solution – there is none. It is an education process with everyone involved. The 9th circuit court of appeals ruled that the patient is in the ambulance and the ambulance does not belong to the hospital and the patient wants to go to another hospital they say go ahead and the patient dies. That is an infraction of EMTALA because there was not official bypass and divert. So it contributed to death of the patient. [So the hospital was liable.] Report accepted.

Bypass means do not come to the Emergency Room. Diversion is that only certain kinds of beds are available. Mr. Steinkopf stated that you need to have a formal bypass in order to get around EMTALA.

At the subcommittee meeting, the NJ Hospital Association stated they will be putting out a publication. Dr. Pruden was interviewed. The NJ Hospital Association is having a focus group that will meet the first week in April. The first group will be composed solely of the New Jersey Hospital Association personnel.

We are not asking the Council to attend yet. Hospitals that were involved with the hospital guidelines and a task force that related to EMTALA has been invited to attend.

This Council brought the bypass issue to the surface again per Dr. Pruden. Possibly we can get some idea as to how we can get a handle on this by next flu season.
Report accepted.

The Urban search and rescuer course is being offered April 20-22. The Office of Emergency Management is offering this three-day course.

PROFESSIONAL EDUCATION/CERTIFICATION

Mr. Rob Clawson gave the report in the absence of Robert Dinetz. Mr. Clawson stated that the National Registry EMT training has begun its first phase. The students currently enrolled are not being tested. OEMS is now offering the test for the instructors and coordinators. OEMS did that three times last month, and had a relatively low turn out. Therefore, OEMS will continue until a larger portion of instructor/coordinator groups have been tested. There is a lot of anxiety about this exam; however, the people that have taken it so far have had positive reactions.

OEMS will be having the EMT instructor program at the end of the month at Piscataway High School. Sixty-five were screened and 40-45 will attend.

There are 590 students enrolled since January and 280 are volunteers and 310 are nonvolunteers. We have the next two months for this group to take the EMT test.
Report accepted.

The students that are in the EMT testing right now will be tested for the National Registry eventually. Right now the goal is to get all the instructors tested.

Mr. Steinkopf wants trending numbers-Mr. Clawson said no problem.

TRAUMA CENTER

Dr. Emilio stated the Trauma Center Council met on January 22 at Morristown. The efforts to maintain the level of PIP reimbursement there is a new proposed fee schedule with significant cuts. Dr. Becker and Dr. Hammond testified at the Department of Insurance hearing. The current level of reimbursement for care within a 120 hours was discussed. Of course, this helps the acute trauma care, but unfortunately that will protect most acute trauma care, but not trauma cases that are not hospitalized for more than 120 hours. This is the basic concern.

The second issue is that there are scattered insurance denials from physicians across the state from the funding care for the patients who are intoxicated and sustain injuries in a motor vehicle accident. This clearly shows the abuse of loopholes. Dr. Hammond has been in touch with the Insurance Commissioner in terms of support of appeals. Of course, the trauma center will support that legislation.

The third issue is the trauma registry and how Y2K hurt the trauma registry. In NJ, we went the Cales and the software is becoming more functional, but most of the states have a six-month lag in getting data updated. The software is virtually non-functional. The Trauma Center Council is looking at software to correct this problem.

Injury Prevention the motorcycle helmet law legislation that has loop holes, that if a rider has less than two years of experience than he still needs to wear a helmet. That is being investigated. Report accepted.

OFFICE OF EMS

Mr. Rod Muench is leaving the Department of Health and Senior Services and will be employed by St. Clare's. He thanked everyone and welcomed Ms. Susan Way. Ms. Way thanked Mr. Muench and said there will be two new Public Health Representative positions, one in Nancy Kelly-Goodstein's program and one in Karen Halupke's program. EMS week award nominations are open now. Please press your communities for nominations. Nominations will be accepted until March 30, 2001. There is still plenty of time. OEMS has a website address. There are handouts available today with the new address.
Report Accepted

The EMS awards will be a luncheon this year instead of a dinner. Dr. Pruden feels the awards are a very important thing for the wonderful jobs people have done. Mr. Steinkopf did a survey of the northern end of the state, and they did not receive the packet. Please get him a copy. It will be on the website. Ms. MaryAnn Ferrara represents the largest bulk of the volunteers and she wants it on record that the awards are in the middle of the day. Volunteers do work for a living!
Report accepted.

Dr. Pruden welcomed Ms. Way and thanked Mr. Muench.

There is a conference on April 9-10 on the National Emergency Number Association going to be held at Hanover Marriot on Route 287. The web site is www.nena.org/njnena.

EMS Coalition update has been continuing to battle on the HCFA front. President Bush has put everything on hold for 60 days. Congressman Frenheissens' staff, Kim Champy, has been very active. They are working with MA, MI, NJ, SD, & LA trying to get a common letter to go to HCFA. NJ has sent a letter.

Rob Andrews, a legislator, has called a press conference for Monday the 26th. Dr. Pruden reiterated the Council's plans. Plan A—Federal remedies.

Plan B-state, Plan C redesign of the system.

No further comments. Dr. Pruden thanked Allentown First Aid Squad.

Motion for Adjournment